

HANSCOM AFB CHAPEL FACILITY REQUEST

Today's Date:	Date facility is needed:	Event Time:	Set-up/Clean-up time:
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EVENT TITLE:

PLEASE CIRCLE DAY OF THE WEEK FOR EVENT: <div style="display: flex; justify-content: space-around;"> MONDAY TUESDAY WEDNESDAY </div> <div style="display: flex; justify-content: space-around;"> THURSDAY FRIDAY SATURDAY SUNDAY </div>	DOES THIS EVENT RECUR: <div style="display: flex; justify-content: space-around;"> WEEKLY MONTHLY EVERY FIRST </div> <div style="display: flex; justify-content: space-around;"> SECOND THIRD FOURTH LAST </div>
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Circle One:	CATHOLIC	PROTESTANT	JEWISH
	ORTHODOX	BASE ORGANIZATION _____	

REQUEST USE OF:	ANNEX	KITCHEN	MAIN CHAPEL(SANCTUARY)
	CONFERENCE ROOM	BLESSED SACRAMENT ROOM (CATHOLIC'S ONLY)	OTHER _____

WILL BE USED FOR:	BAPTISM	BIBLE STUDY	CHOIR
	MEETING	SOCIAL	WORSHIP
	WEDDING (REHEARSAL DATE/TIME _____)		OTHER

EXPECTED ATTENDANCE:	DO YOU NEED A KEY ISSUED: YES NO
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SET- UP REQUIREMENTS/REMARKS:

Secular activities will not be conducted in the sanctuary. The sanctuary must be returned to neutral status upon completion of the service. Weapons are not permitted in the sanctuary.

Wedding receptions will not be held in the chapel annex.

Alcohol is not permitted in the chapel except for sacramental purposes.

I understand that I will be solely responsible for the setting up and taking down of our program. I will ensure that the area(s) used will be cleaned, trash bins emptied, and all equipment returned to where it was originally located. If we are the last group to use the facility, I will insure that all windows and doors are locked upon my departure.

By signing this I agree to the above and will comply with the policies and procedures of the chapel's operating instructions (HCOI's).

REQUESTOR'S PRINTED NAME & ADDRESS/ORGANIZATION:	SIGNATURE:	HOME/DUTY PHONE:

FOR COMPLETION BY THE CHAPEL STAFF	SIGNATURE	DATE
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PROJECT/SPONSORING CHAPLAIN		
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FACILITY MANAGER	APPROVE/DISAPPROVE		
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